

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, HONOLULU, HAWAII 96813 or P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: (808) 587-0460 FAX: (808) 587-0470

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NOTE: This is a public document.

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LOBBYIST REGISTRATION FORME OF HAWAII

	(Туре	e or Print Clearly)	E E I I I I O O O O O O O O O O O O O O
PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
WARA	RYKEIZ		508 536-4302
MAILING ADDRESS (Street)			FAX 808 527-808-8
994 Betlel	5+		EMAIL rywada@ Jashan.ovg (Zip Code)
(City)	(State)		(Zip Code)
Honolulu	HI	-	96813
EMPLOYING ORGANIZATION (Fill in only if	you are employed by a busine	ess entity which has been retained to	lobby) TELEPHONE
Legal Aid Soc	iety of	Hawaii	808 536-430Z FAX 808 527-8088
MAILING ADDRESS (Street)	7		FAX 808 527-8088
924 Baffel	St		EMAIL
(City)	(State)		(Zip Code)
Honolula	HI		96813

PART II ORGANIZATION	
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE
Legal Aid Society of Hawaii	808 536-4302
MAILING ADDRESS (Street)	FAX 808 327-808R
924 Bettel St.	EMAIL
(City) (State)	(Zip Code)
Honolula HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
WAYNE KAAWE	1808 536-4302
MAILING ADDRESS (Street)	FAX (808) 527-8088
924 Bethel Street	EMAIL Wakeaweclasham.org (Zip Code)
(City) (State)	(Zip Code)
Honolulu HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
☐ Agriculture	Education	☐ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	☐ Tourism & Recreation		
Consumer Protection & Commerce	☐ Hawaiian Affairs	Labor & Employment	Transportation		
Culture, Arts, Historic Preservation	☐ Health	Planning, Land & WaterUse Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	Housing	Public Safety & Corrections			
<u> </u>					
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the	information furnished abov	ve is, to the best of my knowle	dge, correct and complete.		
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(Signature of Lobbyist)			(Date)		
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PART V AUTHORIZATION	ON TO LOBBY				
NAME		TITLE OF AUTHORIZING OFFIC	ER OR PERSON REPRESENTED		
WAYNE KEAWE NAME OF ORGANIZATION (if ap		Comptro	llen		
NAME OF ORGANIZATION (if ap	pplicable)		TELEPHONE		
Legal Aid Society of HAWAII MAILING ADDRESS (Street) FAX					
MAILING ADDRESS (Street)			FAX		
├			EMAIL		
(City)	(State)		(Zip Code)		
Howolulu,	HAWA	. 1	96813		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
Ogn Kenn			1-18-13		
(Signature of Authorizing Officer or Person Represented)			(Date)		

Page 2 of 2